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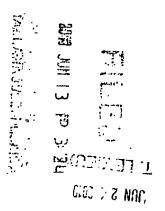
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COVER LETTER

TO:	Registration Se Division of Cor					
erin iez	LB HOME	S LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Shay Bennaim				
			Name of Person			
		LB HOMES LLC				
			Firm/Company			
		3273 RODRICK CR				
			Address			
		ORLANDO, FL 32824				
			City/State and Zip Code			
blackstonetaxadminsupport@blackstonecpas.com						
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	er information c	oncerning this matter, please co	all:			
Shay Be			407 970-0239 at ()			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LB HOMES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company 調 別 13 伊 3 24 The Articles of Organization for this Limited Liability Company were filed on 01/17/2019 ______ and assigned Florida document number <u>L1900</u>0018937 ren manning allig This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 14043 Islamorada Dr. Enter new principal offices address, if applicable: Orlando, FL 32837 (Principal office address MUST BE A STREET ADDRESS) 14043 Islamorada Dr Enter new mailing address, if applicable: Orlando, FL 32837 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Avi Levy	3273 RODRICK CR ORLANDO, FL 32824	
			■ Remove
			Change
MGR	Moshe Levy	7428 Viale Michaelangelo Delray Beach, FL 33446	Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove

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	edate, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umer	t's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 9	Oth day after the record is filed.
عر	2019
ed ื	Shay Bennaim My Semulary of a member or authorized representative of a member
	1 St. 2 1 Sh. L.
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00